THE NATIONAL ALLIANCE TO END HOMELESSNESS

FAMILY HOMELESSNESS IN OUR NATION AND COMMUNITY:
A PROBLEM WITH A SOLUTION

Commissioned by Freddie Mac as part of Freddie Mac's Hoops for the Homeless event

Introduction

Tonight, 100,000 families will be homeless in our nation.[1] We will not see these families standing on street corners or huddled on park benches. They are hidden from us – living in their cars, in campgrounds, in shelters, or, if they are lucky, in motels or short term apartments. The fact that they are unseen should not lead us to believe that the problem of homelessness among families is somehow less critical or severe than it is for the single adults whom we do see on the streets. Homelessness among families is tremendously destructive and exacts enormous human, social and economic costs. Parents and children alike suffer negative mental and physical health consequences. Families can be torn asunder, with fathers living on the streets, mothers in shelters, and children in foster care or with relatives. And, accompanied as it is by increased utilization of public resources such as shelter, hospitals, child welfare services, and mental health treatment, allowing families to become homeless exacts a substantial public cost.

Family homelessness is a complicated, systemic, and widespread problem. But it is a problem with solutions. As we will see, it is driven largely by the inability of very low-income families to afford housing. Providing such families with housing not only ends their homelessness, it also greatly improves their chances of success in employment, education and health. In order to understand how we might best approach family homelessness and its solutions, we must understand the nature of family homelessness, what families' experience of homelessness is, and what interventions have been successful in ending their homelessness. This paper examines these issues nationally, with some specific reference to the problem in the District of Columbia metropolitan region.

How Many Families Are Homeless?

Sadly, homelessness is a shockingly common experience among poor families. As many as one of every twelve poor families experiences homelessness each year.[2] While many think of homelessness as primarily a problem of single men, actually about half of people who become homeless live in families.[3] Family homelessness is not a problem restricted to large urban areas. In fact, families become homeless in suburbs, in rural areas, on Indian reservations, in wealthy communities and in poor ones. No community and no poor family is immune to the threat of homelessness.

Every year some 600,000 families spend at least one night homeless, sleeping in shelters, cars, or abandoned buildings.[4] (Families without any home of their own, but doubled up with other family members or friends, are not typically counted as homeless, although they are certainly at risk of homelessness). Living in these families are mothers, fathers, grandparents and, perhaps most appallingly, 1.35 million children.[5]

Homeless families are scattered across the country. There is family homelessness in every state and every community, including the nation's capital. In the Washington, DC region, 5,551 people in nearly 1,700 families will be homeless tonight.[6] About half of the people who are homeless in the region live in families.[7]

The distribution of homeless families in the nation is somewhat different from that in the DC region. Nationally, about 70% of families live in urban areas, 19% in the suburbs, and 11% in rural areas.[8] By contrast, in the DC area nearly half of the homeless families are concentrated in the District of Columbia, while the remaining are scattered across the area's suburbs.[9]

What Are the Characteristics of Homeless Families?

Families that become homeless share certain characteristics. It is important to recognize what these characteristics are because they can be considered to be risk factors for, or predictors of, homelessness. However, it is also important to recognize that these characteristics are not necessarily what cause families to become homeless. Indeed, many characteristics of homeless families are shared by poor families who do not become homeless.

Not surprisingly, the overriding characteristic of homeless families is their extreme poverty. Nationwide, the income of homeless families is around $5,000 per year – less than half the poverty level (1996 figures).[10] In the District of Columbia, most families experiencing homelessness have incomes below $6,000 per year.[11] Incomes of some $400 to $500 per month are not sufficient to pay for housing.

Other characteristics of homeless families may affect their lack of income. Most are headed by a single woman, potentially reducing the household's earning power.[12] They also tend to have low education levels. Nationally, only half of parents in homeless families have a high school diploma or a GED (high school equivalency degree).[13] While around a third are working, most rely on government assistance to meet their basic needs.[14] Homeless families in the District of Columbia have similar education and employment rates and are also very reliant upon government assistance.[15] In fact, most of the families entering Washington, DC's emergency shelter programs receive TANF cash assistance.[16] Employment rates among household heads are higher in suburban jurisdictions both nationally and locally, however families are more likely to face higher rental costs in suburban areas. In the Washington, DC area employment among parents in homeless families ranges from 40 percent in Prince Georges County to 79 percent in Arlington County.[17]

Homeless families tend to have young children. Nationally, 42 percent of the children in homeless families are aged five and under.[18] Some speculate that the presence of newborns or very young children can destabilize already stressed households, making the age of children a factor in family homelessness. In the District of Columbia about a third of the children entering shelter are aged five or under.[19] Homeless families are not particularly large. The average number of children in a homeless household is two.[20]

Another important characteristic of homeless families is their lack of support networks.[21] [22] Many homeless families lack networks of supportive friends and family, either because they are physically isolated from these networks, or because they have "worn them out." Indeed, District of Columbia data indicates that most families who enter shelter come to shelter after stays with extended families or friends.[23] Such networks, helpful for all families, assume particular importance among poor families because they provide economic and social supports that can serve as a safety net against hunger and homelessness.

Homeless families tend to have no or poor housing histories. Families that become homeless are likely to have lived in overcrowded conditions, moved frequently[24] and/or experienced an eviction.[25] Parents in poor families who have not lived in their own housing in over a year are more likely to experience homelessness.[26] Families on public assistance who do not have a housing subsidy are more likely than families that have a subsidy to become homeless.[27] Having a poor tenant history, or no history at all, may make landlords reluctant to rent to homeless families, especially if they have the option to rent to more conventionally acceptable tenants. In the District of Columbia, housing related problems are a primary cause of homelessness; 39 percent of families seeking emergency shelter report that they lost housing due to an eviction or non-payment of rent and 39 percent report that they have been living in overcrowded conditions.[28] An additional 16 percent report that a family dispute – likely exacerbated or due to overcrowded housing conditions – was a precipitating cause of homelessness.

Other demographic characteristics of homeless families are that the parents tend to be young,[29] pregnant or parenting an infant.[30] Homeless families are more likely to be members of ethnic minorities. Nationally, 43 percent of individuals in homeless families are African-American[31] as are 98 percent of people in homeless families in the District of Columbia.[32] Among homeless children there are high rates of anxiety, depression and behavioral problems.[33]

In many respects, the characteristics above could also describe the majority of housed, poor families. The two types of families have a similar percentage of single parent households, and number of children and young children. They have similar education levels and work skills, and both types of families are greatly reliant on government assistance.[34] Both types of families have extremely high incidences of domestic violence,[35] and they have similar rates of mental illness.[36] Homeless children are not appreciably more likely than housed, poor children to have anxiety, depression, behavioral problems, or below average school performance. [37] [38] [39]

There are, however, some significant ways in which homeless households differ from housed, poor households. These differences may be particularly useful in identifying families that are at risk of homelessness. Homeless families have somewhat lower incomes than poor housed families.[40] Most families experiencing homelessness in the District of Columbia have incomes under $500 a month.[41] Homeless families also have thinner support networks than their housed counterparts.[42] Homeless parents are slightly younger and more likely to be from an ethnic or racial minority than housed, poor families, and they are also more likely to be pregnant or to have an infant.[43]

Emerging as one of the most significant differences between housed and homeless families is the rate of experience with the foster care system. Perhaps related to a lack of economic and social support, parents in homeless families are more likely to have been placed in foster care as children and more likely to have had a mother with a drug problem than poor, housed families.[44]

In summary, in most important respects homeless families are not appreciably different from poor, housed families. They are, simply, the subgroup of poor families that for one reason or another has lost housing and cannot get back into the housing market. While homeless families share certain characteristics that we might look to as risk factors for or predictors of homelessness, these characteristics are not the causes of family homelessness. Rather, as we will see below, families with extremely low incomes, thin support networks, poor credit and employment histories, and difficult family and personal problems may find themselves at a

disadvantage in the competition for increasingly scarce affordable housing units. If there was enough affordable housing within the region and nationally, these families would not be homeless.

The Housing Equation – Why Families Become Homeless

The primary cause of family homelessness is that families cannot afford housing. This is both because there is an inadequate supply of low-cost housing, and because the families' incomes are so low that they cannot pay for the housing that is available. An added factor is the failure of public "safety net" programs to adequately address the housing needs of the poorest families. The shortage of affordable housing for poor and low-income people is often likened to a game of musical chairs. There are simply more households that need housing than there are housing units. When the music stops, some families are left without a place to settle: many of these families become homeless.

Over the past twenty-five years, our nation has gone from having a surplus of affordable housing units to having a deficit. In 1971 there were 300,000 *more* affordable units than there were low-income families who needed them; in 2001 there were 4.7 million *fewer* units than families.[45] Today, for every 100 low-income or poor households that need housing, only 75 units are affordable.[46] The problem is particularly acute in the Washington, DC region. In 2000 there were nearly 35,000 more low-income households in the region than there were apartments that they could afford.[47] Within the District, there were approximately 8,000 more households with extremely low incomes than rentals they could afford.

Because they cannot find low-cost housing, millions of American families end up paying much more than they can afford for rent. Five million American households spend more than 50% of their income for housing (the federal standard is 30%) or live in severely substandard conditions.[48] Others double up with friends or family in what are often overcrowded or temporary arrangements. These housing strategies are very unstable, leaving the families at high risk of homelessness. If they spend too much of their incomes for rent, they are also without adequate resources for other necessities such as food, clothing and health care, again increasing their risk of homelessness.

As we have seen, homeless people have very low incomes, often too low to afford either low-income housing or the more costly housing that is available. How much income do families need to pay for housing? Using the federal standard of 30% of income for housing, and considering the typical cost of an affordable, two-bedroom unit, nationally an average family would have to earn $15.37 per hour (or approximately $30,000 per year) to afford housing.[49] In the Washington metropolitan region, such a unit would require an income of $22.83 per hour – over $45,000 per year.[50] We have seen that the average income of a homeless family is more in the range of $5,000 per year.[51] Even working full time at $5.15 per hour – the minimum wage since the mid-1990s – would require a family to have several full time workers in order to be able to afford housing. In the DC region, the wages needed to afford housing are three to five times higher than the minimum wage.

Another source of income that a family might use to help with housing is public assistance payments. Through the Temporary Assistance for Needy Families (TANF) program, the primary

federal program providing cash assistance to families, the average monthly payment to support a family of three is $412, well below the cost of housing in most communities. A family of three can expect to receive $370 a month in Virginia, $379 in the District of Columbia, and $472 in Maryland.[52] The rents on low-cost one bedroom units in these jurisdictions are $724, $1,045 and $812, respectively.[53] Welfare alone is not, therefore, a source of income adequate to pay for housing, although it is a critical income support for families.

If a member of a family is disabled, Supplemental Security Income, a federal benefits program, might be another source of income that could help the family pay for housing. The monthly payment from this program is $564 – again, below the average monthly rent of a one-bedroom apartment. As with TANF, although an important source of income support to families, SSI also fails to provide enough for housing.[54]

Poor and low-income families, then, have difficulty obtaining enough income from work or benefits to pay for increasingly expensive housing. There are, however, government programs to provide families with rent subsidies that make up the difference between what housing costs and what the family can afford. Rent subsidies (as well as actual rental units) are provided by the federal government, and also some state and local governments.

However, the demand for housing assistance far outstrips the need. Some five million families receive federal assistance to pay for housing, but there are at least twice that many families eligible for such subsidies that do not receive them because of lack of funding.[55] Most cities have long waiting lists for subsidized housing units or rent subsidies – an average of 20 months for a public housing apartment, or nearly three years for a housing subsidy, and often considerably longer.[56] In the Washington, DC region, the wait for rent assistance ranges from a low of two years in Montgomery and Prince Georges County, to three and a half years in the District, and five years in Fairfax County.[57]

In assessing families' ability to afford housing, income, benefits and direct housing assistance are the most obvious avenues of investigation. But in addition, there are public "safety net" programs charged with supporting and sustaining families and children. They arguably bear responsibility for ensuring that families have the bedrock of stable family life – housing. Two far-reaching federal programs that could help families achieve stable housing are TANF and child welfare. However, the large number of homeless and at-risk families engaged with these programs indicates that they are frequently failing to address families' housing needs.

Many of the families entering the shelter system every day are eligible for assistance under the TANF program, which is charged with "…provid(ing) assistance to needy families so that children may be cared for in their own homes or in the homes of relatives."[58] Not infrequently it fails to accomplish this goal, or even to reach at-risk or homeless families. We have seen that TANF income alone is not sufficient to pay for housing. But some eligible families fail even to receive this important, albeit inadequate, benefit. A study of homeless families in Washington State, for example, found that only a third had TANF cash assistance when they became homeless, although two-thirds were likely eligible.[59] In Minnesota, nearly one-fourth of families experiencing homelessness report having lost welfare benefits over the prior year.[60] In addition to providing income, TANF can assist families to find and pay for housing. Yet only a few states have invested in meeting the housing needs of their homeless families.[61]

The state-run child welfare or foster care systems also have responsibility for ensuring the well-being of children. Frequently, however, they fail to address the role that housing plays. Many children are taken into foster care because of the easily-remedied housing crises of their parents. In addition, children who have been in foster care seem to be particularly vulnerable to homelessness, creating a vicious, multi-generational cycle. Thirty percent of children in the foster care system have a homeless or unstably housed parent.[62] In addition, young people who exit foster care at age 18 have high rates of housing instability and later homelessness.[63] It appears that parents who were placed in foster care as children are at greater risk of experiencing homelessness than other poor parents.[64] It should also be noted that a housing subsidy, at a cost of $6,805 per year,[65] is a significantly more cost effective way of dealing with lack of housing than placing children in foster care at approximately $17,000 per year.[66]

Lack of housing causes families to become homeless. Conversely, research has clearly demonstrated that providing housing will end homelessness. According to two extensive multi-city studies, even the most troubled families escaped homelessness and stayed in housing when they received a housing subsidy, regardless of whether or not they received services.[67][68] In another study, this one of New York City, families that left homeless shelters with a housing subsidy were 21 times more likely to be stably housed five years later than other previously homeless families.[69] Those that remained stably housed included families in which the parent had a history of mental illness, substance abuse, health problems or criminal record. Access to a housing subsidy, assuring housing affordability, is also effective at preventing homelessness for low-income families who have not been homeless before.[70]

Lack of affordable housing is clearly the driving force behind family homelessness. Conversely, providing affordable housing ends homelessness for the vast majority of families, despite almost any personal characteristic or problem. Housing can be paid for through income from work or benefits, or it can be subsidized by government housing programs or supported through government service programs. However, both private income and government assistance often fail to adequately provide for families' housing, leading to housing instability and homelessness.

Experience of Family Homelessness

We have seen which families become homeless, and why. What is the experience of these families once they lose their housing? The homelessness experience of most families is somewhat different from that of single men and women. Because children are involved, families that become homeless rarely live on the streets. If they have a housing crisis, they may first double up in the homes of friends or families. If this strategy fails, they may seek help from a homeless shelter, a domestic violence shelter (if appropriate), or other facility. If that is not an option, mothers will sometimes foster their children to family or friends, or the child welfare system may take custody of the children, and the mothers may live on the street or enter a shelter, alone.

There is an extensive homeless system available to families, including hundreds of thousands of beds across the nation.[71] Operated almost exclusively by faith-based and community-based nonprofits, it includes emergency shelter (short term, often congregate, possibly open only in the evening, with minimal services), transitional housing (longer term, often with single family units or smaller shared units, usually more intensive services), and some permanent supportive housing

(permanent housing with services, available to families with one or more disabled members). This system is funded by the federal government, as well as state and local governments and private donations.

Once they enter this homeless system, most families' stay will be relatively brief. The majority (60%) of families that become homeless finds housing within six months and does not become homeless again.[72] For these families, homelessness has probably been preceded by an economic or domestic crisis that caused them to lose or leave their housing. In the past, when there was an ample supply of inexpensive housing and a stronger public support network, most would have found replacement housing immediately. Now, with fewer affordable housing units available and a weaker public support system, the search for such housing takes longer, and shelter and transitional housing provide a temporary place to stay while these families get their affairs in order. They may also receive beneficial services and counseling during their stay. We have seen that the receipt of a housing subsidy greatly increases their chances of long term stability once they return to housing.[73]

There is, however, a group of families that remains homeless longer, or that becomes homeless repeatedly, even if the families have a housing subsidy. These families have preliminarily been described by Dr. Dennis Culhane at the University of Pennsylvania as exhibiting certain risk factors such as parent foster care history and previous experience of homelessness.[74] They may also have characteristics that impede their ability to find housing, such as large family size (affordable apartments with more than three bedrooms are extremely scarce, necessitating longer stays in shelter). Such families may require a special set of housing and/or service supports.[75] As this analysis develops, it will assist us to better target resources appropriately to end homelessness for the broad range of families.

Although most families' experience of homelessness is relatively short, it can be devastating. Homelessness increases the likelihood that families will separate or dissolve. Children in homeless families are more likely than other children to be taken away from their parents and placed in foster care. In fact, in one metropolitan study, children born to women who experienced homelessness were four times more likely to be involved in the child welfare system before the age of five than children in other poor families.[76]

Even if the family is not separated, the effects of homelessness can be severe.
For the parent, the experience of homelessness and the associated stress that results from economic, social and psychological dislocations can negatively affect health and well-being.[77] The effect on children, although often temporary, is heartbreaking. Children in homeless households are less healthy. They more often go to hospital emergency rooms than their poor, housed counterparts. They experience more health problems, including asthma, diarrhea and ear infections.[78] Children in homeless families have higher exposures to stress and experience more disruptions in schooling and to friendships.[79] Pre-school aged homeless children are more likely to have one or more developmental delays than poor, housed children.[80]

For most families, then, homelessness results from an economic or domestic crisis and is of relatively short duration. While they are homeless, many families are supported by an extensive network of shelters and longer term housing programs that provides them with services. Despite the fact that some help is available, the experience of homelessness is a debilitating one.

Cost of Family Homelessness

The human toll on adults and children is not the only cost of homelessness. The economic cost is also high – and surprisingly may even exceed what it would cost to provide the family with housing.

The cost to the nation of sheltering homeless families is estimated to be between $1.9 and $2.2 billion annually.[81] And this is only the direct cost. A study in Toronto, Canada found that the cost of delays in returning children to their families because of lack of housing was $2.9 million per year in that city, alone.[82] The cost of placing two children of a homeless family in foster care is about $34,000 per year.[83] Nationally, the monthly cost of emergency shelter for a homeless family is $1,255 and the cost of transitional housing for that family is $1,411.[84] The cost of a stop-gap motel room in Massachusetts is $3,000 per month.[85] In the District of Columbia, the typical length of stay for families in the city's shelter system is 186 days at a cost of $62 a day. Thus, the City spends an average of $11,439 for each family that experiences homelessness.[86]

Each of these interventions approaches or exceeds what housing would cost. In Hennepin County, Minnesota, while transitional housing for a homeless family costs $3,361, help in preventing a family's homelessness costs only $444 per family and assistance in moving them immediately back into housing costs $720 per family.[87] In the District of Columbia, a homeless prevention initiative that couples financial assistance with intensive case management services costs approximately $7,186 for every family housed – equivalent to the cost of providing 116 days in shelter.[88] The Office of the Inspector General of the U.S. Department of Health and Human Services has concluded that the cost of preventing a homeless episode is one-sixth the cost of responding once a family has become homeless.[89] Such data shows that reducing the incidence and duration of homelessness holds promise of not only saving lives, but also saving dollars.

Ending Family Homelessness

We have seen that family homelessness is largely driven by the lack of affordable housing. Families with extremely low incomes, thin support networks, poor credit and employment histories, and difficult family and personal problems may find themselves at a disadvantage in the competition for scarce affordable housing units. They fall into the homelessness system, sometimes with long term consequences to their family structure, health and mental health.

On the other hand, we also see that families that become homeless have remarkable resilience and resourcefulness. Despite all of the challenges they face, they find solutions to their housing problems and exit the homeless system, most never to return. In this they work closely with a nonprofit system of homeless assistance providers that is similarly persistent and resourceful. And because it is increasingly clear that allowing families to stay homeless may be at least as expensive as moving them quickly back into housing, there is hope that outcome-driven approaches, coupled with client determination and provider innovation, will lead to many more solutions to homelessness.

There are several promising new approaches to the problem of family homelessness. An important one is the growing movement to shift from managing the problem of homelessness, to ending it. In the past two years, hundreds of cities, counties and states have adopted plans to end homelessness for families and others. Among them are the District of Columbia's *Homeless No More: Ending Homelessness in Washington DC by 2014*[90] and Montgomery County's *Homelessness in Montgomery County: Beginning to End.*[91] These plans and others focus on prevention, on rapidly re-housing families that do become homeless, and on linking the families with services in the community. Several have already begun to show results.

Prevention is an important component of plans to end family homelessness. Prevention averts shelter stays that are costly to families and to the public. Effective prevention alternatives are being implemented across the country. Washington, DC's Community Care Grant Program provides financial assistance and case management to help families awaiting shelter to access housing, eliminating a shelter stay completely.[92] By avoiding the average six-month shelter stay, the City saves an estimated $4,500 per family, even after paying the cost of housing and services.[93] Indianapolis and New York City have identified those communities from which most homeless families emerge, and have targeted funds to prevent homelessness among vulnerable families in those neighborhoods.[94][95] Portland, Oregon is giving rent assistance funds to nonprofits that can match them with services and target families that are at risk of homelessness.[96] All of these programs hold the promise of being successful for the families and cost effective for the public. Notably, they all involve the allocation of public funds to prevention activities.

For families that do become homeless, communities are increasingly recognizing that shelter programs are a poor substitute for the security and stability of permanent housing. They are investing in efforts to minimize the time families remain homeless. Many have adopted a "housing first" approach designed to re-house homeless families as rapidly as possible. These communities provide short or long term rent subsidies coupled with intensive case management that concentrates on stabilizing the family and linking it with a community-based support system. The strategy can work on the program level, or on a community-wide basis. In Los Angeles, California, homeless families from across the city are referred to Beyond Shelter, Inc. for rapid housing placement and intensive transitional services.[97] In Hennepin County, Minnesota, all families entering the county-funded shelter system are assessed for the county's housing first services. Based on a housing barrier assessment, eligible families are referred to one of several community-based organizations to help them quickly back into housing.[98] Both housing first programs are highly successful and cost-effective. In Hennepin County, for example, the length of time an average family stays in the shelter system was cut nearly in half (from 51 to 27 days) between 2000 and 2003.[99]

Families with housing they can afford seldom become or remain homeless. The addition of social services takes the next step by helping families increase their economic self-sufficiency and well-being. For those families for whom affordable housing, alone, is not sufficient, more intensive services are necessary to help them stay stably housed. Housing models such as permanent supportive housing and service-enriched housing combine housing and services so that families can maximize their potential.

In Connecticut, homeless families that are at risk of having their children removed or who want to reunify with children in foster care receive help from the state child welfare and TANF

agencies through the auspices of a nonprofit, The Connection, Inc.[100] Included in the package of assistance are services and rent subsidies. Many of the parents in the program are receiving treatment for substance abuse. In Los Angeles, California, the Salvation Army operates Alegria to provide permanent housing for formerly homeless families in which a member has HIV/AIDS. The range of services offered to support families includes day care, transportation, educational assistance, meals and 24-hour staff coverage.[101] The success rates for both programs prove the effectiveness of the housing and services intervention.

Programs across the nation are ending homelessness for families every day. Increasingly, outcome-driven and cost effective interventions are being expanded in scale from the program to the city, and even the state, levels. With this kind of focus, the experience of homelessness can be minimized. But it is important to remember that such strategies will become even more effective as the supply of affordable housing is progressively increased in these communities.

Conclusion

Homelessness is a shockingly common experience among poor families in communities throughout the Washington, DC area and across our country. As many as one in eight poor individuals in the District of Columbia alone will experience homelessness over the course of a year.[102] This problem is largely driven by the crisis in affordable housing. Over the past twenty years, as the housing problem has worsened and the number of families experiencing homelessness has grown, a substantial network of nonprofit and faith-based organizations has arisen to address the problem. These organizations, bolstering the incredible resourcefulness and resilience of the homeless families, have ended homelessness for thousands each year. But we can do more.

There may always be poor families, family members with disabilities or personal problems, and families that lose their housing. There may always be families that face crises without the economic or social supports needed to avert disaster. But there need not always be homelessness. Across the nation and in our communities, dynamic leaders and strong-willed homeless families are forging a new and effective approach to the problem. They are showing that it is possible to prevent homelessness and to rapidly move even the most troubled homeless family into stable housing. To do so will save public resources and avert long term destructive consequences to families and to our society. Family homelessness is, indeed, a problem with a solution that we can all embrace.

[1] Burt, M., Aron, L. Y., Lee, E. & Valente, J. (2001). *Helping America's homeless: emergency shelter or affordable housing?* Washington, DC: The Urban Institute.

[2] Culhane, D. (2004). *Family homelessness: Where to from here?* Presentation by Dr. Dennis Culhane, University of Pennsylvania Professor of Social Welfare Policy, delivered October 14, 2004 to the National Alliance to End Homelessness Conference on Ending Family Homelessness. [PowerPoint available online at http://www.endhomelessness.org/back/FamilyHomelessness.pdf]

[3] Burt et al. (2001) op cit.

[4] Culhane (2004) op cit.

[5] Burt, M. (2002) *America's Homeless II: Populations and Services*. [PowerPoint Presentation]. Washington, DC: Urban Institute. Available online at: http://www.urban.org/UploadedPDF/900344_AmericasHomelessII.pdf

[6] Metropolitan Council of Governments (2004). *Homeless enumeration for the Washington Metropolitan Region*. Prepared by The Homeless Services Planning and Coordinating Committee, June 9, 2004. Washington, DC: Author. [Available online at: http://www.mwcog.org/store/item.asp?PUBLICATION_ID=189]. Data for the Washington region includes Prince Georges County, Montgomery County, Loudoun County, Fairfax County and Falls Church, Prince William County and the District of Columbia. Number of homeless families is derived by using the finding of the 2003 enumeration that there are 3.36 family members per household.

[7] Ibid.

[8] Burt et al. (2001) op cit.

[9] Metropolitan Council of Governments (2004) op cit.

[10] Burt, M. R., Aron, L. Y., Douglas, T., Valente, J., Lee, E., & Iwen, B. (1999). *Homelessness: programs and the people they serve. Findings of the National Survey of Homeless Assistance Providers and Clients. Technical report.* Washington, DC: U.S. Interagency Council on the Homeless. [Available online at: http://www.huduser.org/publications/homeless/homeless_tech.html]

[11] Data derived from the Coalition for the Homeless September, 2004 report for intakes to the Virginia Williams Family Resource Center October 1, 2001-September 30, 2002, 57 percent of families reported a monthly income of $500 or under, 96% reported incomes below $1,000.

[12] Burt et al. (1999) op cit.

[13] Ibid.

[14] Ibid.

[15] Coalition for the Homeless, September, 2004, op cit.

[16] Ibid.

[17] Metropolitan Council of Governments (2004) op cit.

[18] Burt et al. (1999) op cit.

[19] Coalition for the Homeless, September, 2004, op cit.

[20] Burt et al. (1999) op cit.

[21] Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *JAMA,* (8)*, 276*: 640-646.

[22] Letiecq, B. L., Anderson, E. A., Koblinsky, S. A. (1998). Social supports of homeless and housed mothers: a comparison of temporary and permanent housing arrangements. *Family Relations, 47*(4): 415-421.

[23] Coalition for the Homeless, September, 2004, op cit.

[24] Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jimenez, L., Duchon, L, James, S. & Krantz, D. H. (1998). Predictors of homelessness among families in New York City: from shelter request to housing stability. *American Journal of Public Health, 88*(11): 1651-1657.

[25] Bassuk, E. L., Buckner, J. C., Weinreb, L. F., Browne, A., Bassuk, S. S., Dawson, R., & Perloff, J. N. (1997). Homelessness in female-headed families: childhood and adult risk and protective factors. *American Journal of Public Health, 87*(2): 241-248.

[26] Shinn et al. (1998) op cit.

[27] Ibid.

[28] Coalition for the Homeless, September, 2004, op cit.

[29] Shinn et al. (1998) op cit.

[30] Ibid.

[31] Burt et al. (1999) op cit.

[32] Coalition for the Homeless, September, 2004, op cit.

[33] Bassuk, E. L. & Rosenberg, L. (1990). Psychosocial characteristics of homeless children and children with homes. *Pediatrics, 85*(3): 257-261.

[34] Shinn et al. (1998) op cit.

[35] Bassuk et al. (1996) op cit.

[36] Bassuk, E., Buckner, J., Perloff, J. & Bassuk, S. (1998). Prevalence of mental health and substance abuse disorders among homeless and low-income housed mothers. *American Journal of Psychiatry, 155*(11): 1561-1564.

[37] Ziesemer, C., Marcous, L., & Marwell, B. E. (1994). Homeless children: are they different from other low-income children? *Social Work, 39*(6): 658-668.

[38] Rescorla, L., Parker, R. & Stolley, P. (1991). Ability, achievement and adjustment in homeless children. *American Orthopsychiatric Association, 61*(2): 210-220.

[39] Buckner, J. C., Bassuk, E. L., & Weinreb, L. F. (2001). Predictors of academic achievement among homeless and low-income housed children. *Journal of School Psychology 39*(1): 45-69.

[40] Bassuk et al. (1996) op cit.

[41] Coalition for the Homeless, September, 2004, op cit.

[42] Bassuk et al. (1996) op cit.

[43] Shinn et al. (1998) op cit.

[44] Bassuk et al. (1997) op cit.

[45] Alexander, B. (2003, June). *The state of the nation's housing: 2003.* Cambridge, MA: Joint Center for Housing Studies for Harvard University.

[46] Nelson, K. (2001). *What do we know about shortages of affordable rental housing?* Testimony by Kathryn Nelson, U.S. Department of Housing & Urban Development, delivered May 3, 2001 before the House Committee on Financial Services Subcommittee on Housing and Community Opportunity, U.S. House of Representatives. May 3, 2001.

[47] Turner, M. A., Kingsley, G. T., Pettit, K. L. S. & Sawyer, N. (2004*). Housing in the nation's capital 2004.* Washington, DC: Fannie Mae Foundation.

[48] U.S. Department of Housing and Urban Development, Office of Policy Development and Research (2003). *Trends in Worst Case Needs for Housing, 1978-1999: A report to Congress on worst case housing needs plus update on worst case needs in 2001*. Washington, DC: Author.

[49] Pitcoff, W., Pelletiere, D., Crowley, S., Treskon, M. & Dolbeare, C. N. (2004). *Out of Reach: 2004.* Washington, DC: The National Low Income Housing Coalition. [Available online at: http://www.nlihc.org/oor2004/].

[50] Ibid.

[51] Burt et al. (1999) op cit.

[52] U.S. Department of Health and Human Services Administration for Children & Families Office of Family Assistance (2004). *TANF Sixth Annual Report to Congress.* Washington, DC: Author. [Available online at: http://www.acf.hhs.gov/programs/ofa/annualreport6/ar6index.htm]

[53] Pitcoff et al. (2004) op cit.

[54] Ibid.

[55] Millennial Housing Commission (2002). *Meeting our nation's housing challenge: report of the Bipartisan Millennial Housing Commission appointed by the Congress of the United States.* Washington, DC: Author. [Available online at: http://www.mhc.gov/MHCReport.pdf#search='millenial%20housing%20commission'].

[56] U.S. Conference of Mayors & Sodexho, USA (2004). *Hunger and homelessness survey: A status report on hunger and homelessness in America's Cities.* Washington, DC: Author.

[57] Metropolitan Washington Council of Governments (2003). *2003 Assisted Housing Survey*. Washington, DC: Author. [Available online at: http://www.mwcog.org/store/item.asp?PUBLICATION_ID=159].

[58] Social Security Act, Sec. 401(a).

[59] Lowin, A., Demirel, S., Estee, S., & Schreinder, B. (2001, December). *Homeless families in Washington State.* [Chapter 2: Characteristics of Homeless Families]. Olympia, WA: Washington Department of Social and Health Services. [Available online at: ww1.dshs.wa.gov/rda/reports/11miscellaneous/11%5F98.htm].

[60] Shelton, D. (2004, June). *Homelessness in Minnesota: a closer look. Families and children.* St. Paul, MN: Wilder Research Center.

[61] Sard, B. & Lubell, J. (2000). *The increasing use of TANF and state matching funds to provide housing assistance to families moving from welfare to work.* Washington, DC: Center on Budget and Policy Priorities. [Available online at: http://www.cbpp.org/2-17-00hous.pdf].

[62] GAO (1998). *Foster care: agencies face challenges securing stable homes for children of substance abusers*. [GAO/HEHS-98-182]. Washington, DC: GPO.

[63] Courtney, M. & Piliavin, I. (1998). *Foster youth transitions to adulthood: outcomes 12 to 18 months after leaving out-of-home care*. Madison, WI: University of Wisconsin Institute for Research on Poverty.

[64] Bassuk et al. (1996) op cit.

[65] Sard, B., Lawrence, P. & Fischer, W. (2005). *Appropriations shortfall cuts funding for 80,000 housing vouchers this year: Congress rejected deeper reductions sought by Administration.* Washington, DC: Center on Budget and Policy Priorities. [Available online at: http://www.cbpp.org/2-11-05hous.htm]

[66] Harburger, D. S. & White, R. (2004). Reunifying families, cutting costs: housing-child welfare partnerships for permanent supportive housing. *Child Welfare, 83*(5): 493-508.

[67] Rog, D. J., & Gutman, M. (1997). The homeless families program: a summary of key findings. In S. L. Isaacs & J. R. Knickman (Eds.) *To improve health and health care: The Robert Wood Johnson Foundation anthology.* [209-231]. San Francisco: Jossey-Bass Publishers.

[68] Rog, D. J., Gilbert-Mongelli, A. M., & Lundy, E. (1998). *The Family Unification Program: Final Evaluation Report.* Washington, DC: CWLA Press.

[69] Shinn et al. (1998) op cit.

[70] Ibid.

[71] Burt et al. (1999) op cit.

[72] Ibid.

[73] Shinn et al. (1998) op cit.

[74] Culhane (2004) op cit.

[75] Ibid.

[76] Culhane, J. F., Webb, D., Grim, S., Metraux, S. & Culhane, D. (2003). Prevalence of child welfare services involvement among homeless and low-income mothers: A five year birth cohort study. *Journal of Sociology and Social Welfare, 30*(3): 1-11.

[77] Webb, D. A., Culhane, J. F., Metraux, S. Robbins, J. M. & Culhane, D. (2003). Prevalence of episodic homelessness among adult childbearing women in Philadelphia, PA. *American Journal of Public Health, 93*(11): 1895-1896.

[78] Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. N. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *American Academy of Pediatrics 102*(3): 554-562.

[79] Masten, A. S., Miliotis, D., Graham-Bermann, S. A., Ramirez, M. & Neeman, J. (1993). Children in homeless families: Risks to mental health and development. *Journal of Consulting and Clinical Psychology, 61*(2): 335-343.

[80] Bassuk & Rosenberg (1990) op cit.

[81] Based on an unpublished analysis conducted by Dennis P. Culhane, University of Pennsylvania.

[82] Chau, S., Fitzpatrick, A., Hulchanski, J. D., Leslie, B. & Schatia, D. (2001). *One in five….housing as a factor in the admission of children to care: New survey of Children's Aid Society of Toronto updates 1992 survey.* [Research Bulletin, 12/01, No. 6]. Toronto: Center for Urban and Community Studies. [Available online at: http://www.urbancenter.utoronto.ca/researchbulletin.html#5]

[83] Harburger & White (2004) op cit.

[84] Based on an unpublished analysis conducted by Dennis P. Culhane, University of Pennsylvania.

[85] The Commonwealth of Massachusetts Executive Office of Health and Human Services (2004). *Department of Transitional Assistance: Changing Family Homelessness, August 2004*. [Press Release]. Boston: Author. [Available online at: http://www.endhomelessness.org/audio/2005/MADTA.pdf].

[86] National Alliance to End Homelessness (2004a). *Community Care Grant Program.* [Best Practice]. Washington, DC: Author. [Available online at: http://www.endhomelessness.org/best/DCCCG.html].

[87] Wherley, M. (2004). *Hennepin County targeted services for homeless families*. [Handout material]. Presentation by Marge Wherley, Hennepin County Human Services, delivered July 21, 2004 to the Housing First for Families System Mini-Institute, Countdown to Success: Implementing Plans to End Homelessness, National Alliance to End Homelessness Conference.

[88] National Alliance to End Homelessness (2004a) op cit.

[89] U.S. Department of Health and Human Services Office of the Inspector General (1990). *Homeless Prevention Programs*. [OIG: 07-90-00100]. Washington, DC: Author. [Available online: http://www.oig.hhs.gov/oei/reports/oei-07-90-00100.pdf]

[90] Williams, A. & Albert, N. O. (2004). *Homeless no more: a strategy for ending homelessness in Washington, DC by 2014*. Washington, DC: Office of the Mayor, District of Columbia [Available online at: http://www.community-partnership.org/Homeless_No_More.pdf].

[91] Montgomery County Coalition for the Homeless (2002). *Homelessness in Montgomery County: beginning to end.* Rockville, MD: Author. [Available online at: http://www.mcch.net/endhomelessness/fullplan.html].

[92] National Alliance to End Homelessness (2004a). op cit.

[93] Nkomo, L. (2003). *Families who have experienced homelessness: A profile of families that have been successfully rehoused through a housing first model. The Community Care Grant Program.* [Handout of PowerPoint presentation]. Presentation by Sue Marshall, Community Partnership for the Prevention of Homelessness delivered on January 11, 2005 to the Council of State Community Development Agencies Homeless Workshop.

[94] Phillips, L. & Peckham, K. (2004, November). *Preventing homelessness: Emergency assistance strategies.* Presentation by Lori Phillips and Kelly Peckham of the Coalition for Homelessness Intervention and Prevention on the Leadership to End Homelessness Audio conference Series, November 12, 2004. [Recording available online at: http://www.pathprogram.samhsa.gov/naeh_2004.asp].

[95] NYC Department of Homeless Services (2004, January 30). Commissioner Gibbs announces new $12 million neighborhood-based prevention program to assist communities at high risk of homelessness. [Press Release]. New York: Author. [Available online at: http://www.nyc.gov/html/dhs/html/press/pressrelease.shtml].

[96] Moore, L. (2003). *Transitions to Housing Pilot Project: Report of Findings*. Portland, Oregon: City of Portland, Oregon, Bureau of Community Development. [Available online at: http://www.portlandonline.com/shared/cfm/image.cfm?id=41292].

[97] National Alliance to End Homelessness (2004b). *Beyond Shelter, Inc.* [Best Practice]. Washington, DC: Author. [Available online at: http://www.endhomelessness.org/best/beyondshelter.htm].

[98] National Alliance to End Homelessness (2004c). *Rapid Exit Program.* [Best Practice]. Washington, DC: Author. [Available online at: http://www.endhomelessness.org/best/rapidexit.htm].

[99] Wherley (2004) op cit.

[100] Correspondence with Betsy Cronin of The Connection, Inc. November 9, 2004.

[101] More information about The Salvation Army Algeria program can be found at their website: http://www1.salvationarmy.org/usw/www_usw_alegria.nsf].

[102] Community Partnership for the Prevention of Homelessness (2003). *Homelessness in Washington, DC: Point in Time and Annually*. [Fact Sheet]. Washington, DC: Author. [Available online at: http://www.community-partnership.org/Homeless_Facts-2003.pdf].